FEE TRANSMITTAL FOR Y 2005 Filing Date	FE	IN ART LONGONOMINA AND	08/2004.				n Omes: U.S. DEP n unless it displese plete If Known	
FILING Data Filting Data Ant Unit 2187 Ant Unit 2187 An		CTDAN	TODISTONS Act, 2006 OH.F	R 4818).	oplication Nun			
FOR FY 2005 Applicant desires small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 0.00 METHOD OF PAYMENT (check all that apphy) Check Credit Card Money Order None Other (please identity): Deposit Account Depose Account Number 50-3105 Deposit Account Number (other (please identity): Charge fee(s) indicated below Check all that apphy) Charge sery additional lee(s) or underpsyments of fee(s) Charge sery additional lee(s) or underpsyments or lee(s) Charge serves Charge serve		EIRAN	2MIII			_		
Applicant dejims small entity status. See 37 CFR 1.27 Art Unit 2187 TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. GIGPO001USA		For FY	2005	7	vst Named by			
METHOD OF PAYMENT (check off that apphy) Check	Applicant	daims small artitue	ship. See 37 CEO 4 1					DAVIDIA
METHOD OF PAYMENT (check off that apphy) Check Credit Card Money Order None Other (please identify): Deposit Account Depose Account Number 50-3105 Deposit Account Number 10 Deposit Account Deposit Account Deposit Account Number 50-3105 Deposit Account Number 10 Deposit Account Deposi				<u>"</u>	ur Unit			
Check Credit Card Money Order None Other (please identity): Deposit Account Depost Account Number: 50-3105 Deposit Account Nu	TOTAL MICO	TRI OF PRIMERI	(\$) 0.00		ltomey Docket	No. GIC	3P0001USA	
Deposit Account Depose Account Number 50-3105 Deposit Account Number North Americas Intellectual Profession Deposit Account Number North Number Num	METHOD OF	F PAYMENT (check	eall that apply)					
WARRING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit curformation and supportation on PTD-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Small Entity Fee (5) Fee (5) Fee (5) Fee (6)	Deposit A	Account Deposit Acc above-identified depo Charge fee(s) indicates Charge any additional	count Number 50-31 PSH account, the Direct d below [cels] or underpayme	105 tor Is hereby	Deposit Ac y authorized to:	count Name: (check all th tee(s) indica	North America In at apply) ated below, exce	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES Filing-FEES SEARCH-FEES Small Entity Entity Entity Entity Entity Entity Entity Entity E	WARNING: Infor	mation on this form me	y become outsite. Credi	it card inform	retion should no	4 ton Included	on this form. Pro	vida credit card
Application Type Fee (5) Fee (6) Fee (6	FEE CALCU	LATION						
Application Type Fee (8) Fee	1. BASIC FIL	ING, SEARCH, AN	D EXAMINATION	FEES				
Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 0 22 EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims over 20 and more than in the original patent 200 Multiple dependent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Indea. Claims Extra Claims Fee (5) Fee Paid (5) Multiple Dependent Claims Fee (5) Fee Paid (6) Fee Paid (7) Fee Paid (8) Fee								
Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 Provisional 200 100 0 0 0 0 0 0 0 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Fee (\$)	Fee (5)		Pes (\$)		Fees Poid
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2 EXCESS CLAIN FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Total Claims Extra Claims Extra Claims Fee [S] Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee [S] Fee Paid (\$) The P = highest number of total claims paid for, if granter than 20 independent unsher of independent claims paid for, if granter than 20 independent unsher of independent claims paid for, if granter than 20 independent unsher of independent claims paid for, if granter than 20 independent unsher of independent claims paid for, if granter than 20 independent unsher of independent claims paid for, if granter than 20 independent unsher of independent claims paid for, if granter than 20 independent unsher of independent claims Fee (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for sm for each additional 50 sheets of faction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Non-English Specification, \$130 fee (no small entity discount) Other: Pee Non-English Specification, \$130 fee (no small entity discount) Other: Registration No. 41,526 Telephone 302-729 Indication of information is nequired to better or retain a benefit by the photococker of information is nequired to be store of information in the unstance of info					250	200		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Fee [S] Fee Paid [S] Multiple Dependent Claims Total Claims Extra Claims Extra Claims Fee [S] Fee Paid [S] Multiple Dependent Claims Fee [S] Fee Paid [S] Fee Paid [S] HP = highest number of total claims paid for, if granter than 20 Independent claims and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for sm for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Fee Sheets Number of each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Fee Total Sheets 100	•		7-7		50	130	65	
Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Total Claims - 20 or HP =			•	- • -	150	160	80	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Total Claims Fee (5) Fee Paid (\$) Multiple Dependent Claims 60 Fee Paid (\$) HP = highest number of stal claims paid for, if greater than 20 Indep. Claims Fee (\$) Fee Paid (\$) Fee				500	250	600	300	
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims Total Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee			100	0	0	0	0	
Other: Jaintite By	MP = nights num 3. APPLICAT If the specific for each a	TON SIZE FEE ication and drawing additional 50 sheets ets Extra St	s exceed 100 sheets or fraction thereof	s of paper, f. See 35 t r of each ac	J.Ş.Ç. 41(a)() Mitional 50 or	(G) and 3' fraction the	7 CFR 1.16(s).	
granture Collection Collection Registration No. 41,526 Telephone 302-729	. OTHER FEE		\$130 fee (no smal)	entity disc	count) .			7.5-7
arms (Print/Type) Winston Hsu Date FFB 1 8 As collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to tile (and SPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 30 minutes which gratering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. A this amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Crist information Officer of Trodemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FOR DORESS, SEND TO: Commissioner for Parints, P.D. Box 1450, Alexandria, VA 22313-1450, VA 22313-1450.	6. OTHER FEE Non-Engli		\$130 fee (no small	entity disc	ount) .			
arms (Prin/Type) Winston Hsu To all collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and SPTO to process) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 30 minutes having generating, perpaiding, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. A the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer destands in Chief, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FOR DORGESS, SEND TO: Commissioner for Parints, P.D. Box 1450, Alexandria, VA 22313-1450.	OTHER FEE		\$130 fee (no small	entity disc	count) .			
is collection of information is required by 37 CFR 1, 130. The information is required to obtain or retain a benefit by the public which is to file (and PTO to process) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 30 minutes shaling gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the includest case. A the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Office of Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FOR ORGANS. SEND TO: Commissioner for Parinters, P.O. Box 1450, Alexandria, VA 22313-1450.	Non-Engli Other:	ish Specification,		Regi	stration No.	1,526	Telephone	
<i>'</i>	OTHER FEE Non-Engli Other: UBMITTED BY gnature arms (PrinVType) alt collection of inter	Unston Hsu	Ton the	Regi	stration No. 4		Date F.F	302-729-15 B · 1 R 2
TD AT 3/1/2005 5:31:33 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DHIS:8729306 * CSID:8064986673 * DURATION (mm	4. OTHER FEE Non-Engli Other: UBUITED BY gnature area (PrinUType) Its collection of into SPTO to process) that amount of time of readening, go the amount of time of readening of the	Winston Hst worston be required by 33 an explication. Considering and submitting by you require to complete to, U.S. Department of Cr. Commissioner for Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr. Cr	T CFR 1, 136. The information by 35 to the completed applicable this trins and or suggestationers. P.O. Box 1450.	Regitation is required u.s.C. 122 is no from to the ideas for redu. Alsonardis, 1450 Alsonardis, 1450 Alsonardis, 1550 Alsona	istration No. InsylAgant) ed to obtain or red d S7 CPR 1.14. USPTO. Time w cing this bundan, VA 22313-1450.	zin a benefit b Prits collection & vary depand should be sent DO NOT SENI 12.4450	Oate F. F. y the public which is estimated to path ing upon the individual to the Chief Inform O FEES OR COMP	302-729-15 B 1 R 2 is to file (and by 30 minutes to co